

RESIDENTIAL DISCONNECT NOTICE

*Generic Communications Corporation*

[date]

Customer Name

Address 1

Address 2

City, State, Zip

Account Number: XXXXXXXXX

Total Past Due: \$ XXXX.XX

Local Basic Past Due: \$ XXXX.XX

Toll and other charges past due: \$ XXX.XX

Our records indicate that your account has a delinquent balance. Your [description of service]service will be disconnected on [disconnection dates in the disconnection window falling on a weekday but not Fridays, not Vermont legal holidays, and not days on which or days before the company's offices are closed] between the hours of ["8:00 am and 3:00 pm Eastern Time" or "8:00 am to 5:00 pm Eastern Time" if the company has authorized personnel available to make payment arrangements and reconnect service available until 7:00 pm] unless:

1. The past due balance is paid in full by [date] OR
2. You enter into a reasonable agreement with *Generic Communications* to pay the delinquency by means of a repayment plan OR
3. You pay your basic local balance in full or enter into a reasonable arrangement to repay the basic local portion of your bill (any service other than basic local may be interrupted if you pay only the basic local portion of your bill)(this exemption applies only if the carrier you purchase service from provides a stand alone basic local service option otherwise all services may be disconnected) OR
4. Your total delinquency is less than \$50.00 (for all services), OR
5. You submit the dispute to the Vermont Public Service Board (Board), and the Board orders *Generic Communications* not to disconnect your service OR
6. You advise *Generic Communications* that you will present to *Generic Communications*, no more than seven days later, a statement from a physician or licensed primary health care provider certifying that disconnection of basic local telephone service will result in an immediate and serious health hazard to you or to a resident within your household. A medical emergency certificate may also apply to other telecommunications services, including toll service, if explicitly specified on the certificate. The use of a medical emergency certificate to prevent disconnection, to cause a reconnection or to initiate basic service is limited to two consecutive 30-day periods and shall not exceed three 30-day periods in any 12-month period. The use of a medical emergency certificate may be used to prevent the disconnection of toll service once in any 12-month period.

In order to resolve this matter you may contact *Generic Communications* and we will negotiate a reasonable repayment plan.

[company representative name or title]

*Generic Collections Center*

P.O. Box 0000

Town, State 00000-0000

Phone: 800-NXX-XXXX

Hours: [Hours of operation]

If, after entering such negotiations, you do not believe our terms to be reasonable, you may request the

assistance or advice of the Consumer Affairs and Public Information Division of the Vermont Department of Public Service in conducting further negotiations. In addition, the Consumer Affairs and Public Information Division can provide you information on how to submit a dispute regarding the delinquent balance to the Public Service Board.

Consumer Affairs and Public Information Division

Vermont Department of Public Service

112 State Street, Drawer 20

Montpelier, VT 05620-2601

Phone: 800-622-4496 or 802-828-2332

TTY: 800-734-8390

Hours: 7:45 am to 4:30 pm Mon-Fri

If we are required to [*collection action other than disconnection that the company may take*], you will be charged a fee of \$xx.xx for restoration of service. You may be charged a cost for disconnection, and/or collection costs, in the amount of [xxx] and [xxx] respectively. You may also be charged a deposit prior to restoration of service in an amount as much as \$xxx.xx, which is [*two-twelfths of the reasonably estimated charge for the following twelve months of service, or some other calculations producing a lesser amount*].

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